



# PERSONAL PROPERTY TAX BILL CHANGE OF ADDRESS FORM

City of Boston Assessing Department

Name of Business: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

I.D. Number (6 digit # which can be found on Bill): \_\_\_\_\_

**Return Form to:**  
CITY OF BOSTON  
PERSONAL PROPERTY  
P.O. BOX 9712  
BOSTON, MA 02114

## **BUSINESS ADDRESS**

### ***Old Business Address:***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ***New Business Address***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **MAILING ADDRESS**

### ***Old Mailing Address:***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ***New Mailing Address***

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Business Phone #: \_\_\_\_\_

Date of Move (*Required if business address has changed*): \_\_\_\_\_ (m/d/yyyy)

## **SIGNATURE AUTHORIZATION**

Signature of Owner/Representative: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ (m/d/yyyy)

### **NOTES:**

- *Businesses that have moved out of the City of Boston on or after January 1<sup>st</sup> are responsible for paying the taxes to Boston for the entire fiscal year which begins on the following July 1<sup>st</sup>.*
- *Businesses that have moved out of Boston prior to January 1<sup>st</sup> must file the annual Form of List with the municipality to which they have moved in addition to informing the City of Boston.*